PTC/SE/08 (08-03)
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| Under the Pape  | ATENT AP                     | Act of 1995<br>PLICATI | no person                     | DET           | quired to respo                     | nd to a             | Collection of    | Trademark (<br>Information u | <u>wess</u> u on        | DEPARTMENT<br>splays a valid ON       | lB control numb   |  |
|---|------------------------------|------------------------|-------------------------------|---------------|-------------------------------------|---------------------|------------------|------------------------------|-------------------------|---------------------------------------|-------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |                              |                        |                               |               |                                     |                     |                  |                              |                         | Application or Docket Number 943      |                   |  |
| CLAIMS AS FILED - PART I (Column 1) (Cc                                   |                              |                        |                               |               | Column 2) SMALL ENTITY              |                     |                  | OR                           | OTHER THAN SMALL ENTITY |                                       |                   |  |
| FOR   | 1                            | NUMBER FILE            | ED .                          | ANUMBER EXTRA |                                     |                     | RATE             | FEE                          | 7                       |                                       |                   |  |
| BASIC FEE<br>(37 CFR 1.16(a))   |                              |                        |                               | i gi          |                                     |                     |                  | · ·                          | ┪ .                     | RATE                                  | FEE               |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))  |                              | minus 20 =             |                               |               |                                     |                     |                  | -                            | - OR                    | <del> </del>                          | 1880              |  |
| INDEPENDENT CL<br>(37 CFR 1.16(b))  | AIMS .                       | minus 3 =              |                               |               |                                     |                     | × \$             | <del> </del>                 | OR                      | × \$                                  |                   |  |
| MULTIPLE DEPEN  | DENT CLAIM PR                |                        |                               |               |                                     |                     | X \$=            | <del></del>                  | OR                      | X \$=                                 | · · · · ·         |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))                         |                              |                        |                               |               |                                     |                     | <u>+ ş = =</u>   | <del> </del>                 | OR                      | + 5 =                                 | 1271              |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2. |                              |                        |                               |               |                                     |                     | TOTAL            | <u>L</u>                     | · ÓR                    | TOTAL                                 | 1130              |  |
|   | CLAIMS AS                    | AMENDE                 | D - PAR                       | TII           | :                                   |                     |                  |                              | . •                     | f.,                                   |                   |  |
| <del></del>   | (Column 1                    | )                      |                               | ımn 2)        | (Column 3)                          |                     | SMALL            | ENTITY                       | , OR                    | OTHE                                  | R THAN<br>LENTITY |  |
| Total (17 GFR 1.16(a))  WY  Filter operation                              | REMAININ<br>AFTER<br>AMENDME | •                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY  | PRESENT<br>EXTRA                    |                     | RATE             | ADDI+<br>TIONAL              |                         | RATE                                  | ADDI-<br>TIONAL   |  |
| Total (37 GR 1,16(c))   | 12                           | Minus                  |                               | <u> </u>      | •                                   | 1 h                 | X \$ . =         | FEE                          | 1                       |                                       | FEE               |  |
| Z Independent<br>(37 CFR 1, (q(b))  | 1.                           | Minus                  |                               | <u>υ</u><br>} | =                                   | 1                   | ^ •<br>x         |                              | OR                      | X \$                                  |                   |  |
| FIRST PRESE   | TATION OF MULT               | IIPLE DEPEN            | DENT CLAM                     | (37 CF        | R 1,16(d))                          | 1                   |                  | <del> </del>                 | OR                      | X 1=                                  | -/-               |  |
|   |                              |                        |                               |               |                                     | , _                 | TOTAL            |                              | OR                      | + \$ =                                | .8                |  |
| 5-10-0-   | (Column 1)                   | *                      | (Colu                         | mn 2)         | (Column 3)                          |                     | ADD'L FEE        | ·                            | OR                      | ÁDD'L FEE                             | L                 |  |
| α .   | REMAINING                    |                        | HIGHE                         | EST ·         | PRESENT                             | ΙГ                  |                  |                              | ١.                      | <del></del>                           | <u> </u>          |  |
| Total  Total  (SLCER_Jisici)  Independent (ST CTR 1.18(b))                | AFTER<br>AMENDMEN            | r                      | PREVIO                        | USLY          | EXTRA                               |                     | RATE             | ADDI-<br>TIONAL<br>FEE       |                         | RATE                                  | ADDI-<br>TIONAL   |  |
| S (32CER Jake))   | <del></del>                  | Minus                  | <u> </u>                      | <u>) </u>     |                                     |                     |                  | · · ·                        | OR                      | ~~~                                   | J. FEE            |  |
| (37 CFR 1.16(b))  | <u> </u>                     | Minus                  | 3                             | 5             | .0                                  | x                   |                  |                              |                         | 3.7                                   | \                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))           |                              |                        |                               |               |                                     |                     | , ,              |                              | OŘ                      | x ;=\(\mathcal{U}_{=}\)               | $\overline{}$     |  |
|   |                              |                        |                               |               |                                     |                     | OTAL<br>DD'L FEE |                              | OR                      | TOTAL                                 | -                 |  |
| <u> </u>  | (Column 1)                   |                        | . (Colum                      | n 21          | (Column 3)                          | . ^                 | DOC'ASE [        |                              | OR                      | ADD'L FEE                             | -/-               |  |
|   | CLAIMS<br>REMAINING          |                        | HIGHE                         | ST            |                                     | _                   |                  | <del></del>                  | 1                       | · · · · · · · · · · · · · · · · · · · |                   |  |
| Total   | AFTER<br>AMENDMENT           | 1 .                    | PREVIOU<br>PAID FO            | JSLY          | PRESENT<br>EXTRA                    |                     | RATE             | ADDI-<br>TIONAL<br>FEE       |                         | RATE                                  | ADDI-<br>TIONAL   |  |
| Total<br>(37 CFA 1,10(e))   |                              | Minus                  | •                             | 1.            | <b>.</b>                            | ×                   | s · =            |                              |                         |                                       | FEE               |  |
| (37 CFR 1.18(b))  | •                            | Minus                  | •••                           |               | <del>-</del>                        | ×                   | -                |                              | ·OR                     | X \$=                                 |                   |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))           |                              |                        |                               |               |                                     |                     | -                |                              | OR                      | × \$=                                 |                   |  |
|   |                              |                        |                               |               |                                     |                     | TAL<br>D'L FEE   |                              | OR [                    | + s =                                 |                   |  |
| " If the entry in co<br>" If the "Highest N<br>" If the "Highest N        | lumn 1 is lass th            | an the entry           | in column 2                   | 2, write      | 0° in column 3.                     |                     |                  |                              | OR                      | ADD'L FEE                             |                   |  |
| "If the "Highest Nu   | umber Previously             | y Palo For 1           | IN THIS SP                    | ACE is i      | ess inan 20, er<br>ess inan 3, enle | nler "2:<br>er "3". | D <sup>-</sup> . |                              | •                       |                                       | 1                 |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO HOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.